FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED

2012 NOV 15 AM 11: 29

FORM 4	ORGANIZATION					1		JJ	MITH. Z.	
FORM 1						FEC	MAJL	CENTER		
1. NAME OF COMMITTEE (in	ı full)	(Check if is change			ple:If typing, type the lines.	12FE4	м5			
SOUTH D	AKOTA	REPUB	LICAN	ĘX	ECUTIVE	BOAR	D	<u> </u>		
ADDRESS (number a	nd street)	P. O. BO	X 6673	313						
(Check if address is changed)		POMPANO BEACH				FL	FL 33066			
			CIT	ΓΥ		STATE		ZIP COL	Œ	
COMMITTEE'S E-MA	address				ress) cutiveBoa	rds@gı	mail.co	om ,		
COMMITTEE'S WEB	PAGE ADD	RESS (URL)								
(Check if is change		<u> </u>		1 L.				1 1 1		
2. DATE 11	l™ ′ 10¹	´ 2012 `								
3. FEC IDENTIFIC	CATION NU	MBER	С							
4. IS THIS STATE	MENT 🔀	NEW (N)	OR		AMENDED (A)					
I certify that I have of		PETERS				it is true, cor	rect and cor	mplete.		
Signature of Treasure	er	Person	Gung	b_	_	Date	11" ′ 1	O° ′ 2	ž0'12 `	
NOTE: Submission of	•	•			ect the person signing		•	alties of 2	U.S.C. §437g.	
Office Use Only				!	For further information Federal Election Commis Foll Free 800-424-9530 Local 202-694-1100			C FOR		